East London MH

Community Children's Nursing Service (CCNS)

Nutrition and Dietetics

East London Foundation Trust

Contact details:

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Tell us what you think (We would appreciate and welcome your feedback to continually improve our services.

Your responses will be kept confidential).

References:

https://www.nice.org.uk/guidance/cg128

https://www.autism.org.uk/advice-and-guidance/professional-practice/autismeating

https://www.arfidawarenessuk.org

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Information for Parents and Carers

Eating and Drinking with Autism



Community Children's Nursing Service (CCNS)

Nutrition and Dietetics

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What is Autism?

Autism is a term used to characterise significant difference and limitations in social communication and social engagement, along with restricted interests and inflexible and repetitive behaviour, to the extent that these 'limit and impair everyday functioning'.

Autism spectrum disorder is a single diagnosis that has varying degrees of symptom severity in two key areas:

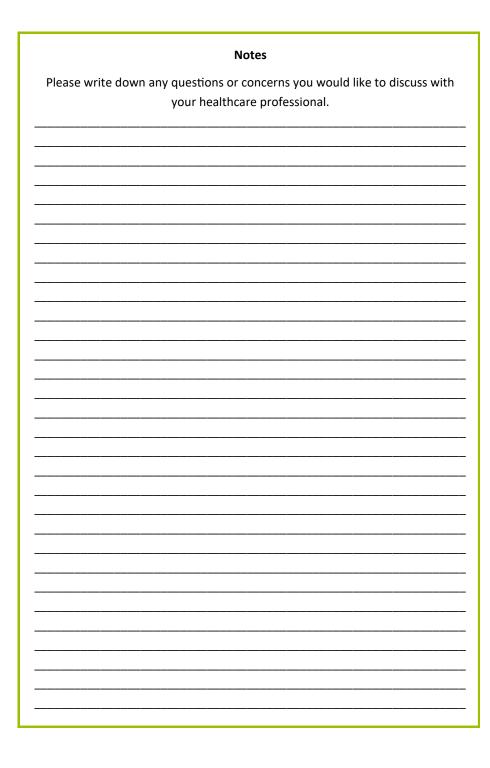
1) social communication and interaction deficits

2) restricted repetitive behaviours (RRBs), interests, and activities, as well as sensory abnormalities.

It is a lifelong condition and has a significant impact on both the young person with the disorder and their family or carers.

Families, carers, and the young person with autism may go through a range of emotions, including shock and worry about the long-term effects. They might also feel tremendous comfort knowing others share their observations and concerns.

Notes



Autism and Eating

Since autism is a spectrum disorder, each person's experience with it will be unique. Nonetheless, there are clear patterns in feeding that many people would recognise, with some people having more severe

challenges than others. They might include the following:



Sensory Sensitivity:

People with autism usually suffer sensory challenges, including both hyper- and hypo-sensitivity. This refers to having varying degrees of sensitivity to foods and how they:

- Look
- Smell
- Taste
- Feel



Children with autism generally favour simi-

lar-textured foods, which are typically either soft or hard/crunchy foods. An occupational therapist can help children with strategies depending on what type of sensory stimulation they seek.

ARFID (Avoidant and restrictive food intake disorder) is a condition where someone avoids specific foods or entire food groups. It is not the same as 'picky eating'. This is often seen in children with autism and is a separate diagnosis.

Cognitive

Children with autism process information differently and usually have the need for 'sameness'. This can impact their food preferences and habits, such as:

- Prefer sticking to the same routine
- Always want the exact same utensil/plate
- Want food presented in a specific way (e.g. slightly burnt or a specific shape)
- Children often prefer foods that are similar:
 - Appearance, such as beige carbohy-

drates, like bread, pasta, crisps.

- Texture/consistency, such as smooth
 yoghurt without any "bits" or chocolate
 buttons
- Whole food groups are frequently avoided, usually meat, fruit, and/or vegetables.

Food Neophobia

Food refusal often increases between the ages of 18 and 24 months.

Neophobia, (the fear of the unfamiliar) is a common stage in children's development of food acceptance in which they reject foods if they haven't already seen others eat them.

Neophobia typically disappears with:

- age
- brain development
- seeing others eating the food (role modelling)

Neophobia persists for a lot longer in autistic individuals due to their social and cognitive difficulties. .





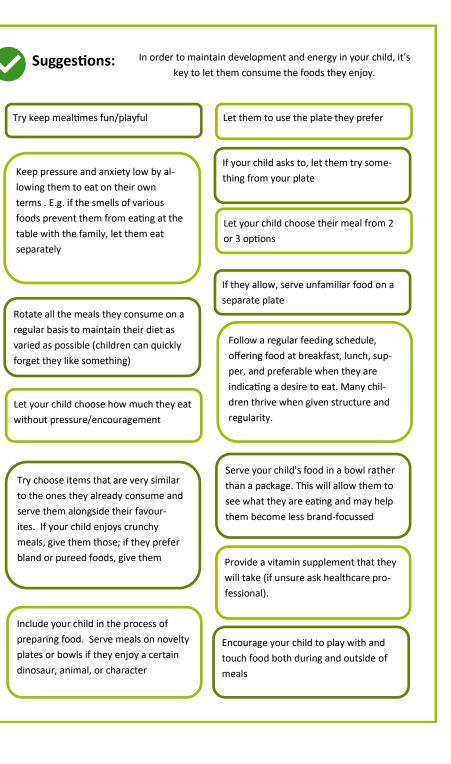
What to Avoid?

- Avoid always offering the same meals; instead, provide them options that fall within their accepted range. Children can develop taste boredom then stop eating.
- Avoid withholding preferred foods.
- Avoid provoking or pressuring your child into eating.
- Avoid providing an incentive for eating a particular item (example: giving pudding if they eat their vegetables).
- Avoid disguising or hiding food; doing so may cause your child to lose interest in the familiar meal or make them distrustful of it.
- Avoid having prolonged periods of not offering food and drink in the hope that they will eat a food that you are offering because they must be hungry.

It's vital to encourage your child to touch and investigate foods, even food off your plate, so try not to be too strict about good table manners. Many parents do not find this desirable, but it may encourage your child to try a new dish.



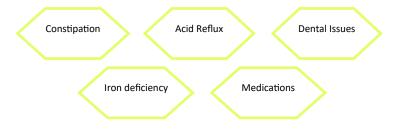




Anxiety, Disgust and Contamination

Individuals with Autism frequently experience anxiety before, during, and after meals. Including worries about whether the food will be "acceptable," becoming sick, and choking. Meal settings away from home can also cause distress. Feelings of disgust and contamination are also frequent.

Other factors: Many autistic children don't seem to be able to identify or comprehend when they are hungry. The following symptoms can all have an impact on appetite, that affect eating and hunger in children



It is important to resolve these proactively. If unsure, please discuss with your health professional

How to help?

The best technique to assist your child is to consider what they are capable of. This can help you understand how your child should eat. To identify any patterns in their eating and drinking, you might want to keep a diary. All of us eat best when we are relaxed and offered food that we like to eat, it is the same for your child.

Do they eat better in certain circumstances? If so, please describe what? When? How? Do they eat from a certain plate? Do they have food presented in a certain way? Do they eat certain foods? Do they have a strict routine with meal times?

